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VOL. XXVIII. FEBRUARY, 1870. No. 326.

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CLINICS.

CLINICAL LECTURE.

Clinical Observations on Lithotomy, and on Certain Cases of Enlarged Prostate.—By Sir WILLIAM FERGUSSON, F.R.S., &c.

Although probably no subject in surgery has been written about so voluminously as lithotomy, it has often appeared to me that many things associated with this operation have been carelessly passed over, or so slightly noticed that, practically, they may be said to have escaped observation. Supposing this statement to be correct, I am disposed to account for it by the circumstance that the most experienced lithotomists have not always been the best or most comprehensive writers on the subject. The reticence of Rau and of Cheselden is an appropriate illustration; and treatises on the operation have been written by many who have had such limited personal experience that important practical matters have often been overlooked, while things having no existence have often been dwelt upon as if of common occurrence. As an illustration of this last statement, I may refer to the so-called infiltration of urine alleged to be so common after this operation. Such an event, if it ever occurs, is exceedingly rare, and I have never seen an example of the kind. An erysipelatous inflammation, with considerable infiltration of serum, lymph, and pus, has occasionally been mistaken for this state, I believe. I have often seen instances of great accumulation of urine in the bladder after lithotomy, without the smallest infiltration.

As my personal experience in lithotomy extends to nearly two hundred cases, besides numerous operations I have witnessed in the hands of others, I trust that it may not be deemed presumptuous on my part if, claiming some authority on the subject, I venture to record some points which have been little noticed, if at all, by the gene-

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

rality of writers on this absorbing subject. I am the more induced to do so, because I have reason to think that some observations on lithotomy in children, made by me in my lectures at the College of Surgeons in 1864, have had good effect. What I then stated was the result of much thought and considerable individual experience. The distance of the neck of the bladder from the perineum, the ease with which the membranous portion of the urethra may be torn across, and the facility with which the prostate and the neck of the bladder may be thereafter pushed upwards and backwards, were particularly dwelt upon; and a seemingly correct explanation, as I hope, was given of the frequency of not finding the stone in this operation, as also regarding the conclusion that stone had not actually been present in such cases—the real fact being that the operator had failed to reach the bladder. More mistakes of this kind have been made on children than on adults, and experience has convinced me that the difficulties and mechanical dangers are actually greater in children than in the adult. On the occasion referred to, I pointed out the common error of supposing that because lithotomy is comparatively so successful in its results in children, it is easy of performance in similar proportion. Such however is, in my opinion, not the case; and youth, with the strong natural disposition to reparation of wounds in early years, are the principal reasons for the happy results of this operation on patients under the age of puberty.

In my experience I have learned something more about the prostate than is usually stated in books about lithotomy, or about that organ itself. Operative surgery and surgical pathology have been largely taught by the pure anatomist, who has had little experience in either subject; and there has been on that account, in my estimation, a large amount of questionable doctrine laid down for the guidance of the practical surgeon. He may, indeed, be years in practice before he can, by thinking for himself, get rid of what I am often disposed to call dissecting-room surgery. I look back with amazement at the amount of writing and so-called instruction as to the limit or want of limit of incisions in the prostate in lithotomy. The healthy prostate, such as it may be considered between puberty and fifty years of age, has usually been taken as the standard of size. In accordance with theories of the teacher or author, a limited incision has been the favourite with one, whilst a free wound through the whole substance has been inculcated by the other. Yet lithotomy is more rarely required during the period referred to than at an earlier or later date. In two-thirds of the cases for this operation the prostate is either below or above the size most generally indicated in these speculations. In early years there can be no doubt that it is either cut or torn throughout; but in advanced years it may be doubted if it ever is either torn or divided entirely, excepting in rare instances, even by those who profess to use the knife freely in this part of the operation. Without proposing at present to discuss the question of free or limited incisions, I am desirous of drawing attention to the circumstance that the lithotomist often deals with the prostate in old men under circumstances very different from those under which it is seen by the pathologist or treated in ordinary practice. The pathologist and practitioner usually look upon the enlargement as a whole, or perhaps with reference to the special enlargement of the middle lobe. The one looks to the appearance of the enlarged parts; the other thinks of the effects of these upon micturition, or how, where there is much irritation associated with the condition, he can best and most readily give his patient relief by catheter or otherwise.

Now, although most formidable cases of stone are often met with in old age without any marked enlargement or change in the prostate, it frequently happens that the lithotomist finds the gland enlarged, and in the ordinary lateral operation his knife, finger, and instruments, pass through the part where enlargement is almost invariably greatest—viz., the lateral lobe. In the normal state of the prostate, the firm fibrous structure, as usually seen by the anatomist, can be readily appreciated. Even when there is enlargement, the firm fibrous character may still seem predominant. But in many instances, as the forefinger passes towards the bladder, the sensation is as if its point glided through several rounded bodies in the substance of the gland, which are but slenderly in contact with each other. It is seldom that the pathologist takes this route in examining or displaying the gland, and so perhaps little has been

said about this condition. For my own part, although, like others, familiar with the condition, I had never heard any reference to it in association with lithotomy, and it was not until I had some considerable experience in this operation that I perceived the great importance of the fortuitous combination. Repeatedly I had been conscious, during a succession of operations, of feeling, and often, too, of seeing, this condition. The feeling may be easily understood, but seeing can only be appreciated after explanation. When the stone is being extracted, within the grasp of the forceps, there is often considerable resistance, even when the knife and forefinger have been freely used to give ready passage to and from the bladder. In some instances the stone, whilst all but through the wound, seems to be held *in situ*. If at this time the operator looks carefully, particularly on pushing the skin and the margin of the wound a little aside, he will see some tissue or substance between the blades in the space between the hinge and stone. With a slight pressure of the point of the finger this object will disappear from between the blades, and extraction will then seem comparatively easy. This is in reality one or more of the lobules referred to. It has not been grasped between the blades in seizing the stone, but has slipped into the space, as the forceps and stone have been drawn outwards. On such occasions I was glad to let the substance remain without further notice, and I confess to the fear that by referring specially to what I had noticed I might be deemed to have used unwarrantable liberties with the prostate. After repeated experience of this sort, it occurred to me that the propriety of leaving such loosened masses was questionable; and at last, on a tempting occasion, I seized, after the extraction, one or more of these bodies, and partly tore and partly cut them away. To my great delight, no evil followed, and the patient, about seventy-five years old, made a most satisfactory recovery, having no special symptoms afterwards.

In 1848, I exhibited specimens of this kind at the Pathological Society of London, and not long after heard whispers about rough and improper proceedings in lithotomy—coming chiefly, or rather solely, from those who had rarely, if ever, performed the operation. Criticism of the kind was almost enough to deter from similar pathological information, but I have since followed the practice repeatedly whenever it seemed to me needful, and I have never had occasion to regret doing so. The subject has recently been brought under my notice in a peculiarly interesting manner. During lithotomy on a patient nearly eighty years of age, in whose case my anxiety was special, I recognized this condition of the prostate. There was no peculiarity in the operation, but in extraction I recognized the hitch above referred to. When the stone was extracted I turned my attention to the lower part of the prostate, and found it so loose already that I accomplished its enucleation with the point of the forefinger of my left hand, with as much readiness almost as if it had been a stone lying loose in the left lobe of the prostate. The circumstances were peculiar, perhaps unprecedented in the history of lithotomy, and I drew the special attention of a professional brother, a near relation of the patient, who was present, to the circumstance. I felt convinced at the time that, whatever might be the result, I did the best for the patient, although his condition was critical in the extreme, and the operation was deemed a last resource. His recovery was slow, owing to previous exhaustion, but there never has been any irritation in the prostate. I do not feel at liberty to mention all the features and history of this case, but I pledge my word and name, for what may be their value, that it is worthy of being a precedent case.

The thought of being of service to any future sufferer, or any professional brother, induces me to put such experience on record in a manner more forcible than heretofore. The interests of patients and of surgeons are alike involved in these observations; and there are points or questions connected with them which, in my estimation, deserve attention from all engaged in the department of surgery to which the above remarks relate. In many cases of stone in the bladder the distress of the patient is plainly attributable to this cause; but occasionally the presence of stone produces so little irritation that its discovery is a matter almost of chance. Often, however, enlargement of the prostate gives rise to most, perhaps all, of the symptoms and sufferings of stone. When stone is combined with enlarged prostate, who can say from which cause the distress is greatest? So if it

happens that the surgeon is called upon to relieve his patient from stone, and finds an enlarged prostate at the same time, why should he not, in extracting the stone, when it seems in his power, as in the cases above referred to, take away a superfluous portion of the prostate at the same time? The masses alluded to seem like adenoid tumours in the original substance of the prostate; their removal may be deemed a relief, and a possible solution of the distress of enlarged prostate; and as the entire wound in lithotomy most generally closes by granulation, the very removal of such wellnigh isolated masses will leave less surface for inflammation, suppuration, and granulation. If allowed to remain, it is not likely that they will adhere to their former site by immediate union; if they do not, a larger surface must be exposed to the irritating influence of urine, and a double suppurating and granulating surface must be the result.

But without speculating on such matters, I hasten to enunciate the conclusion at which this paper aims. There is a certain timidity in the practice of surgery which may in many respects be deemed becoming; and precedents are often as much prized among us as with practitioners in law. There would, however, be no progress unless some one from time to time stepped out of the accredited course; and so, with such authority as I can humbly claim, I have thus ventured to put on record what some of my professional brethren may have hesitated to do, from a fear that they have been guilty, in their operations, of perpetrating some rough mechanism not in accordance with that nicety of manipulation which is thought so essential in the performance of the master handiwork in surgery—lithotomy.—Lancet, Jan. 1, 1870.

HOSPITAL NOTES AND GLEANINGS.

Injury of the Left Eye from Foreign Body; twenty-six years afterwards Sympathetic Inflammation in Right; extirpation of the injured Eye, followed by very rapid recovery of the other.—The following case is of special interest in two respects: first, on account of the length of time which elapsed between the injury of the left eye and the sympathetic mischief in the other; and, secondly, the great and rapid improvement which followed the excision of the injured eye.

J. K., aged forty-two, ironfounder, applied at the Royal London Ophthalmic Hospital, Moorfields, on March 2d, 1869. The left eye had been lost twenty-six years ago, through an injury from a piece of metal. The globe is now shrunk to about a quarter of the normal size, and is very painful on pressure. The right eye remained perfectly well after the accident, until 1860, when it was attacked with iritis, for which an iridectomy was performed at that time; it being, however, deemed unadvisable to do anything to the left eye. Since the iridectomy in 1860, he has been able to follow his occupation up to Christmas (1868), when the right eye again became inflamed, and its sight gradually failed more and more.

On March 2d, 1869, the right eye presented the following symptoms: The eye-tension is normal, the field of vision complete, but the sight so much impaired that he cannot decipher letters of No. 20 of Jaeger's test-types, but only see their black outline. The cornea is somewhat hazy, the iris inflamed, the pupil clouded, and with the ophthalmoscope hardly any reflex could be obtained from the fundus. The left eye had become irritable and painful about three weeks before, and was very *tender to the touch*. Atropia drops and warm fomentations were prescribed; but as the condition of the right eye was but little improved, the extirpation of the left was strongly urged by Mr. Wells, and the patient submitted to its removal on March 19th. A piece of iron was found in it, firmly imbedded in a mass of exudation-matter (on the inner side of the sclerotic), in the centre of a firm, fibrous cord, which appeared to be the shrunken and disorganized retina.

March 23d.—The right eye has improved so much since the extirpation of the other four days ago, that the patient is now able to read words of Jaeger 16. The inflammatory symptoms have greatly subsided. The cornea and pupil are clearer. There is still, however, but little reflex from the fundus.

30th.—Read words of Jaeger 10. The refracting media are much clearer, and the outline of the optic disk can be distinctly seen with the ophthalmoscope.

The patient ceased to attend the hospital after this date, but returned home to Yorkshire. He writes, however, in the middle

of October, that his right eye is strong and well, and its sight so much improved, that he is able to follow his employment as superintendent of an iron forge.

Clinical Remarks by Mr. Wells.—Injuries from foreign bodies, *e. g.*, splinters of steel, glass, gun-caps, &c., which have become lodged within the eye, are a very frequent cause of sympathetic mischief. Inflammation of the iris, ciliary body, and choroid may supervene upon the injury, producing subsequently atrophy of the eyeball, which may shrink down to a small shrivelled stump. But even then the danger of sympathetic inflammation in the other eye, if this has hitherto escaped, is not past; for these stumps, which contain a foreign body, are a source of constant risk as long as they *remain painful to the touch*, and show signs of irritability. Many years may elapse after the injury, and the wounded eye be free from all inflammation, and be perfectly quiescent, when suddenly it becomes irritable, and symptoms of sympathetic irritation or inflammation show themselves in the other. In such cases the only remedy is the immediate extirpation of the injured eyeball; indeed, it is wiser to remove it at once after the injury, if its sight is lost, or very greatly and irremediably impaired, more especially if a foreign body is lodged deeply within the eye, or the patient resides at a distance from medical aid, so that a careful watch cannot be kept over him, and the first symptoms of sympathetic mischief at once detected.—Lancet, Dec. 18, 1869.

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Croup; Tracheotomy; Death.—The following case is of unusual interest. The history points in the first place to a long and severe attack of hooping-cough, which commenced before the child was twelve months old, and probably produced part of the collapse of the lung, which was found to exist after death. The spasmodic attacks from which the child suffered for two years are peculiar, and might be supposed to have had some influence on the present attack, but the chloroform administered as an anti-spasmodic did not seem to effect any change in the symptoms. Again, the tube which was passed into the trachea was found after death to have detached and broken off the false membrane from the mucous surface of the trachea and pushed it aside, so as to permit the passage of a limited quantity of air by an indirect route to the orifice of the tube. This accident, no doubt, hastened the death of the child; still, it can scarcely be believed that it materially affected the chance of the child's recovery, when we consider the extensive exudation of false membrane in the trachea and bronchi, and the very general collapse and emphysema of the lungs.

Alice G., aged 3, was admitted into the Middlesex Hospital, under the care of Dr. Goodfellow, a little after midday on Oct. 7. The features were almost livid, the respiration extremely difficult, the sternum being pulled in with each inspiration, and the pulse uncountable. It seems that when eight months old she was seized with hooping-cough, which continued eleven months. About a year ago she was observed to awake frequently with a shrill cry, accompanied with a crowing noise and difficulty of breathing. These attacks occurred with sometimes a week's intermission. She was able, after the attack, to be up and play with other children. She had suffered for two years from ascarides. Tracheotomy was performed by Mr. De Morgan at half-past one, inhalation of chloroform having been tried without any apparent result, and followed by speedy relief. The face was no longer dusky, the pulse could now be counted, but was still quick (120), and the patient began to sleep quietly at intervals. Carbolic acid, one part in fifty, was ordered for inhalation by means of the steam-pipe and curtains, and equal parts of dilute acetic acid and water, to be used with a feather in cleaning out the tube. Linseed meal and mustard cataplasms were also put alternately to the back and front of the chest. On the following morning the child remained in much the same state; she had slept at intervals, and taken a good deal of milk; her pulse was still (9 A. M.) quick, her respiration 48. She was ordered a powder containing half a grain of subchloride of mercury and a tenth of a grain of tartrate of antimony, to be taken immediately, and a mixture of squills, nitric ether in haust. ammon. acet. every four hours. The little patient, however, did not seem to derive any benefit from these remedies, and towards evening her respiration became again affected, the surface of her body became more and more dusky, and she died in convulsions at half-past six o'clock.

The post-mortem examination was made by Dr. John Murray, nineteen hours afterwards. The fauces were reddened, but devoid of false membrane. The under-surface of the epiglottis and the lining membrane of the whole respiratory tract below, as far as the primary divisions of the bronchi, was more or less covered with false membrane. In moderately firm patches as far as the first ring of the trachea, from this downwards to the primary divisions of the bronchi it formed a complete cast, thick and firmly adherent to the raw and deeply injected mucous membrane. But for about half an inch above and below the opening made into the trachea during life, the false membrane was detached and pushed away. At the lower end it had broken, and here there was a communication between the canal of the trachea and the tracheotomy tube. The false membrane about the commencement of the primary branches of the bronchi became looser and purulent, and more and more so as it extended to the minute bronchi, some of which became choked up. At the bifurcation of two moderately large bronchial tubes in the upper lobe of the left lung was found a piece of membrane forming a plug, and preventing the entrance of air. Behind this the lung tissue was in a state of considerable collapse. But this was not the only collapsed lung, for throughout the whole organ were found numerous portions of collapsed tissue of variable size. The intervening lung was in many places emphysematous. There was an apoplectic clot in the lower border of the left upper lobe of the lung, and in the right apex a hard, mostly cretaceous mass, the size of a filbert. The lung was here firmly adherent to the walls of the chest. Both lower lobes were also firmly adherent. There was slight pericardial effusion, and over the base of the heart was a thin layer of lymph. The other organs were healthy.—Med. Times and Gaz., Nov. 13, 1869.

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Aneurism of Popliteal Artery; Failure of Treatment by Flexion and Compression; Ligature of Femoral Artery; Suppuration of Sac; Amputation of Thigh; Recovery.—R. W., widow, aged 40, was admitted into St. Bartholomew's Hospital, Chatham, under care of Mr. Nankivell, July 4, 1868, with a popliteal aneurism in the left leg, the size of a hen's egg, and with strong pulsation. The woman had not noticed the swelling for more than two months. There was no history of any blow, but the patient herself attributed the mischief to her practice of straining up on tiptoe to adjust linen on a clothes-line. It caused her considerable pain, especially upon any unusual exertion, as walking uphill, and had already acquired such dimensions as to increase the circumference of the affected limb over its fellow by an inch and a half.

The limb was at once flexed, and kept in that position during twenty-five days, tourniquets being kept on the femoral artery during part of the time; but the pain continuing, and œdema of the foot and leg, with swelling of the thigh, coming on, the woman refused to submit to the treatment longer. On July 30, therefore, firm compression over the femoral was substituted, the whole limb being evenly bandaged. A week later (August 5), the tumour still increasing in size and pulsating as strongly as ever, the femoral artery was tied in the usual situation, with the effect of considerably reducing the size of the tumour, the vitality of the foot and leg remaining good. The thread came away on the fourteenth day (August 9), and the limb then measured an inch and a half less than at the date of the ligature; but even now the circumference over the centre of the tumour was four and a half inches greater than at the corresponding point of the sound limb. Ten days later (August 29) severe fever, heat, redness, and tenderness over the aneurism, with free suppuration from the track of the ligature, proclaimed that inflammation of the sac had set in. Effervescent salines were prescribed, and evaporating lotions applied to the tumour, but the symptoms increased in severity, fluctuation became well marked in the swelling, and on September 13, the discharge being now abundant and sanious, a tourniquet was applied over the femoral artery at the groin, and free incisions made into the tumour, releasing five ounces of sanious pus, to the patient's great relief. Poultices were then applied, and carbolic acid used as an injection to the wound.

Next day the patient was in a very weak condition, an erysipelatous blush covered the back part of the thigh, the pulse was 120 and feeble, and eight ounces of fetid pus escaped from the wound on the removal

of the dressings. The erysipelatous skin was painted with a strong solution of nitrate of silver, and wine and ammonia freely given.

Two days later (September 17), the patient having rallied somewhat, Mr. Nankivell proceeded to amputate the limb. This he did by the circular method through the upper third of the thigh. There was free bleeding from the enlarged vessels, but the flaps and bone at the point of division seemed healthy. Stimulants were continued on the return of the patient to the ward, and kept up during some days. The main ligature came away on the twelfth day, and from thence the woman made good progress towards recovery, in spite of the delay occasioned by the formation of a large bed-sore. She went out with the stump quite healed on December 3.

Examination of the amputated limb revealed a foul sloughy cavity, the size of an orange, at the upper part of the popliteal space, lined with a rough "pyogenic" membrane, and filled with horribly fetid pus. The suppuration had extended upwards along the track of the obliterated artery. The popliteal surface of the femur was rough, and denuded of its periosteum. —Med. Times and Gaz., Nov. 13, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

On the Use of Bromide of Potassium in Convulsions, &c. — By JOHN MERRITT, M. D., Newcastle, Delaware.

J. S., aged eight days. Had convulsions which resisted the usual remedies. The attacks were fifteen or twenty times daily. Grains 2 bromide of potassium were given every four hours; the convulsions diminished in frequency and force after the first, and entirely ceased after the second dose. Child now healthy at nine months old.

Nothing could be discovered to cause these attacks, except the bones of the head projected at least one-fourth of an inch over each other, which I thought might produce the effect witnessed by pressure, but the bones did not regain their proper position until some days after the convulsions ceased.

Mr. R., aged 30. Alcoholism with convulsions; gave grains 20 bromide of potassium every hour; convulsions ceased after first dose, reproduced in 30 days from original cause; same treatment with same results; patient well 3 months after treatment.

Mr. K., aged 40. Alcoholism; no sleep for 72 hours; gave ʒj bromide of potassium; saw patient 10 hours after first and only dose; had slept and took nourishment; was quite well; medicine continued in 20 gr. doses three times daily.

Mr. B., aged 65. Alcoholism with convulsions; reported to have had 100 attacks before I saw him. I found the convulsions occurring so frequently that there was scarcely any intermission; he seemed to all present, a hopeless case; apoplectic symptoms existed; total unconsciousness; gave grains 20 bromide of potassium every half hour (forced down with much difficulty); after the first dose, longer intermissions between attacks; gradual improvement, and after the fourth dose convulsions ceased; patient slept for several hours. Medicine continued for three days; patient restored to his usual health.

This is one of the most remarkable cases, as far as the effect of remedies is concerned, which has fallen into my hands. This patient's recovery seemed impossible. After the first dose of the bromide, when I saw the attacks becoming less frequent, did not feel any encouragement, but after the second dose consciousness was fully restored between the attacks, the apoplectic symptoms subsiding. I then, perhaps presumptuously, assured the friends that he would recover.

K., aged 8 months. Sleeplessness caused by long use of opium. This child had not slept more than 10 minutes at any one time for six days, the pupils of eyes dilated, irritable. Gave grains 5 bromide of potassium every three hours, which increased sleep, but not until it had been continued for three days, child now well.

Mrs. S., aged 35. Phthisis pulmonalis; became wakeful; had not slept for 72 hours; bromide of potassium grains 20 dose every three hours, induced sleep; other opiates had failed.

I have prescribed this remedy in a large number of cases requiring opiates, and am of the opinion that it, properly given, is almost as certain as the preparations of opium, whilst it is not followed by the often unpleasant and inconvenient conse-

quences which so often accompany the latter drug.

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Poisonous Effects from the Instillation of Atropia in the Eye of a Child.—Dr. J. J. Chisholm records (Baltimore Medical Journal, Jan. 1870) the following example of this:—

"Miss H., four years old, had had the left eye injured, one year since, by a scissors, which had perforated cornea, iris, and lens. When first seen, hydrophthalmia had supervened, accompanied by a contracted and adherent pupil, with still, however, a clear cornea and bright-coloured iris. A drop of atropia solution, 4 grains to ℥j, was carefully placed between the lids for the purpose of soothing pains complained of in the eye. An excessive secretion from the lachrymal gland was excited by the presence of the drop, and, after a moment, a tear-drop ran down the cheek of the little patient. The child caught the descending drop upon the end of the finger, and was observed by the mother to put the finger afterwards in her mouth. In less than an hour after the atropia had been used, the child complained of great thirst, dryness of fauces, hot suffused face, with quick excited pulse. The face remained scarlet for two hours, when all the symptoms gradually commenced to wear off. The parent believed the child attacked with scarlet fever, a disease with the appearance of which she was familiar. Allowing that the drop of the atropia solution, $\frac{1}{120}$ part of a grain, had been again diluted with an equal bulk of lachrymal secretion, and that of the portion wetting the cheek one-half had been caught upon the finger and put into the mouth, the dose taken could not be greater than the $\frac{1}{240}$ part of a grain of the sulphate of atropia, and the poisonous symptoms were promptly developed from this infinitesimal particle."

[Is it not probable that a portion of the atropia, mixed with the tears, passed into the puncta, thence through the lachrymal passage down the posterior nares, and was swallowed, and that the patient thus received more of the atropia than the writer supposes? It is in the way pointed out that poisoning by atropia, instilled into the eye, is usually, we conceive, effected; though sometimes the solution runs down the face and passes between the lips and into the mouth, and is swallowed. Greater caution than is usually taken, we think, should be observed when applying atropia to the eyes, especially in children.—Ed.]

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Transfusion of Blood.—Dr. F. L. Wadsworth reports (Chicago Med. Journ., Dec. 1869) the following experiment made by Dr. Freer before the class at Rush Medical College, to illustrate the function of the red blood corpuscles in their immediate relations to respiration and the maintenance of vitality, and to demonstrate the fact that fibrin takes no immediate part in restoration from exhaustive hemorrhage, serum serving as the vehicle of the vitalizing corpuscle, and that transfusion with defibrinated blood may be performed somewhat leisurely and with impunity, care being taken that the instruments used are nicely adapted for the exclusion of air from the vessels.

A dog, weighing fourteen pounds, "was anæsthetized, the left carotid artery and jugular veins were exposed, a canula inserted into each, and secured by ligatures. Sufficient time was then allowed for the animal to recover from the effects of the anæsthetic, when the stopcock of the canula inserted into the artery was turned, and the blood allowed to flow until sixteen ounces were extracted and the force of the heart's pulsations so reduced that no more could be drawn from the artery with the animal lying horizontally upon his right side. Respiration now gave evidence of syncope, the limbs were rigid, the jaws set, death was impendent.

"Meantime, a portion of the blood drawn had been defibrinated and kept at its normal temperature, by a warm water bath. It was now (twenty minutes from the time it commenced to flow from the artery) passed through the canula, by means of a syringe, into the jugular vein. In this manner seven ounces of defibrinated blood were returned to the system of the animal.

"On the introduction of the first ounce there was observed decided evidence of increased vigor. During the injection of the second ounce, by some defect in the apparatus, air was admitted into the vein. Instantly the animal succumbed; a tremor affected his entire system, and respiration ceased. Prof. Freer remarked that the animal's life had been sacrificed by the accident; but by convulsive efforts he regained respiration, and in two or three minutes the effects of the occurrence had

disappeared. When the seventh ounce had been introduced there remained little, if any, disturbance of respiration, the heart's vigor was nearly restored, the muscular spasm had subsided, and there was apparently no more disturbance of the system than usually occurs at this period after the administration of chloroform for any ordinary operation.

"In eight minutes after the blood had been returned the animal raised his head and observed intelligently; and twelve minutes thereafter he voluntarily raised himself and walked across the room, some twelve or fifteen feet. The day following he was sprightly and playful, and the second day after the operation he travelled nearly a quarter of a mile without any evidence of fatigue whatever."

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Medical College Convention.—To the Trustees and Faculties of the Medical College of the United States:—

The undersigned Committee, in accordance with the instructions of the Convention of Delegates from Medical Colleges, held in Cincinnati in May, 1866, respectfully and earnestly invite you to send Delegates to a convention to be held in the city of Washington on the *Friday* preceding the *first* Tuesday in May, 1870, for the purpose of considering all subjects connected with Medical College education, and procuring the co-operation of the schools in carrying out a uniform system of Medical instruction. It is very desirable that every regular Medical College in this country should be represented in the Convention.

N. S. Davis, S. D. Gross, George C. Blackman, F. Donaldson, Committee.

Chicago, Ill., Dec. 22, 1869.

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New Medical Journals.—We have before us three new candidates for professional favour.

1st. The "Oregon Medical and Surgical Reporter, edited by E. R. Fiske, M.D., Prof. of Theory and Practice, Willamette University." The first number of this was published at Salem, Oregon, in November of last year. It is announced that it is to appear monthly, each number to contain 32 pages of reading matter.

2d. "The Baltimore Medical Journal, edited by E. Lloyd Howard, M.D., and T. S. Latimer, M D." The first number of this journal was issued in January of this year, it is also to appear monthly. The number before us contains 64 pages of reading matter.

3d. "The European Medical News," a journal devoted to selected Translations from the medical, surgical, and scientific periodicals of the Continent of Europe, appearing every alternate month. Edited by Robert Stone, M.D., New Haven, Conn. The first number was issued last month, and contains 56 double column pages of reading matter.

In addition to these we may state that "The Western Journal of Medicine," which was ably conducted by Prof. Parvin, appeared last month under the title of "The American Practitioner;" and is to be issued monthly under the editorship of Profs. David W. Yandell and Theophilus Parvin.

We wish them all success, and take pleasure in placing them on our list of exchanges.

FOREIGN INTELLIGENCE.

Death from Chloroform.—We have to add three more to the long list of deaths from chloroform. 1. A young man died December 29th last, on the operating table at Middlesex Hospital while inhaling chloroform preparatory to an operation. He had taken chloroform a month before without any untoward symptom. All the usual means for resuscitation were perseveringly resorted to without avail. At the autopsy made next day, twenty-four hours after death, besides general congestion of the viscera, the heart was found to be the seat of somewhat recent endocarditis, shown by roughening of the mitral and aortic valves and thickening of the chordæ tendineæ. The substance of the wall of the left ventricle was also found to be extensively diseased, the striæ being hardly visible in some parts through the large amount of granular degeneration. The rigor mortis was very slight.—Med. Times and Gaz., January 1, 1870.

2. Dr. Monckton gave an account to the South Eastern Branch, West Kent District, of a case which had proved fatal at the West Kent General Hospital while under chloroform. The patient was an anæmic woman, aged 39, from whose gums and lower jaw malignant fungous growths were being removed by the galvanic cautery; nitric acid, perchloride of iron, and the *écraseur*, having previously failed. After being very

moderately under the influence of the anæsthetic, administered by Dr. Skinner's flannel mask, for about thirteen minutes, on the third introduction of the heated wire she instantaneously expired. The powerful battery actually at work by her side was applied to the chest without loss of time; mouth-to-mouth insufflation was practised, and Silvester's method also; but the patient was clearly dead from the first moment. The *post-mortem* examination revealed a large goitre outside the neck, bloody mucus occupying the larynx and summit of the trachea, the heart cavities all empty, and the lungs pallid and emphysematous. The heart and goitrous tumour were submitted to the meeting. Syncopal asphyxia, to which chloroform had been contributory, was concluded to have been the cause of death. Dr. Monckton suggested the following points among others: 1. Any hindrances to free expiration deserved more consideration even than the organic condition of the heart. Chloroform might be administered more confidently in valvular disease, he considered, than in extensive emphysema, or obstructed air-passages. Dilated lungs especially were capable of receiving and detaining an immense dose of vapour, and incapable of expelling it. 2. He inferred from experiments on rabbits, which were detailed, that galvanism was of little use in case of accidents really due to chloroform, except, perhaps, by exciting the action of the diaphragm. 3. The same experiments had compelled him to believe that direct paralysis of the heart, as usually understood, did not result from chloroform. The left cavities received the vapour-charged blood directly from the lungs, and these were always contracted, while the right heart was greatly engorged, and the lungs very empty and retracted. The appearances in the chest of a rabbit, rapidly killed by chloroform, were similar to those described by Dr. George Johnson as characterizing choleraic collapse, and suggested the opinion that, either by direct irritation of the vapour, or by induced blood-change, the pulmonary capillaries were contracted, shutting the blood back upon the heart, as by a sudden ligature of the pulmonary artery.—Brit. Med. Journ., Dec. 11, 1869.

3. Another death from chloroform occurred in the Lincoln County Hospital on the 23d. The patient was a boy aged fourteen, the subject of necrosis of the tibia. He had taken chloroform safely on a former occasion. Most of the surgical staff of the Hospital were present. The boy had become insensible, and the operation had been commenced when he was seized with vomiting. After vomiting one or two minutes, he became livid, his breathing ceased, and his pulse was imperceptible. In spite of the usual measures, death followed. The *post mortem* examination did not reveal any peculiarity excepting enlargement of the liver. Mr. Hett, the House-Surgeon, from whose evidence at the inquest we have taken the above facts, said that he attributed death to failure of the heart's action. This is said to have been the first death from chloroform which has occurred at the Lincoln Hospital. —British Medical Journal, Jan. 8, 1870.

Therapeutic Note on Chloral.—Sir J. Y. Simpson gives (Med. Times and Gazette, January 1, 1870) a very interesting account of his experience with chloral. He thinks that this remedy will prove of immense value in the practice of medicine, surgery, and midwifery.

"Hitherto," he states, "I have principally employed it as an hypnotic and anodyne. In sufficient doses I have found it, as a general law, as sure a producer of sleep and soother of pain as opium or any of its preparations. It is usually swifter in the induction of its narcotism, more tranquil in its action, and more prolonged in its effects than opiates are when taken as hypnotics; but above all, it seems in a great measure, free from some of the minor drawbacks and disagreeable accompaniments produced by a full and large dose of opium. In this respect it appears to me to fulfil successfully the indications which I predicted in the extract above given, of being a narcotic as powerful, and indeed more powerful, than opium, 'and yet without either its direct constipating effects, or its indirect tendency to excite subsequent nausea, vomiting, etc.' The sleep induced by a full dose of it steals on without any premonitory symptoms. It is usually deeper, and yet more quiet and calm, than that produced by opium; and it does not leave subsequently the thirst, dry throat and tongue, disturbance of stomach and appetite, and languor of mind as well as body, which most persons unaccustomed to

the use of opium commonly feel after a deep and narcotic dose of that drug.

"Ever and anon cases are well known to occur in practice in which patients declare their inability to take opium in any form without suffering severely from nausea, faintness, restlessness, and other evil effects. In several such cases I have now used chloral as an hypnotic with perfect success. A patient here at present from New York assures me that the preparations of opium and other vegetable anodynes have always acted upon her as poisons, and without producing their usual hypnotic effects. 'Such,' she writes me, 'being my experience of anodynes, I was unwilling, as you remember, to take chloral, and hoped nothing whatever from it. It was administered to me in two half-doses [thirty grains each] ; the first dose, taken in the daytime, with light in the room and my people walking about, did not put me to sleep, but it soothed and calmed me completely. The second dose, given at night, was followed by nearly four hours of natural and refreshing sleep. I felt neither giddiness nor heaviness on walking, and neither then nor later did I experience any sensation of nausea as after other anodynes.'

"Two or three weeks ago I had under my care an old patient, a lady of great sensitiveness and intellectual power, from one of the midland counties of England. When last in Edinburgh she was the subject of a slight operation, and twice took a dose of chloral at night to induce rest. She slept under it quietly and refreshingly, far beyond her usual breakfast hour. Opium, henbane, and other anodynes had, when used, generally induced in her disturbed sleep, occasional sleep-talking, and sometimes somnambulism. A few days before coming on this last occasion to Edinburgh, she had a conversation with her mother regarding the kind of monument which they should erect over the grave of her father, who died two or three months since. That same day she had travelled up from Wales, felt ill, and had given to her a dose of henbane towards bedtime, with the hope of producing rest. In the middle of the night her husband was awoke by the ringing of his door bell, a shower of small stones launched against his bedroom window, and the dog barking within. On rushing down and opening the door he found his wife, whom he believed to be in bed, standing outside. The henbane draught had produced a fit of sleep-walking. After her husband and she had fallen asleep she had risen, dressed herself in her day clothes over her night clothes, removing for that purpose her bonnet and muff out of their special receptacles, and, in the middle of a dark and wet night, had walked off to a distance of two miles. She awoke with her left hand holding her two gloves within her muff, and the right hand grasping the cold iron handle of the inner gate of the churchyard in which her father had recently been buried. After using the chloral she expressed to me great satisfaction at the idea that she had now a medicine which seemed to produce nothing but a tranquil sleep, quite different from the disturbing effects of the narcotics which she had previously taken; and two days ago I saw an order from England at the apothecary's for several doses to be forwarded to her.

"Sometimes chloral produces its hypnotic effects when opium, from its long-continued use, had ceased to do so. To a patient who has had daily morphia injected subcutaneously for some years for neuralgia of the side under the hands of different practitioners, my assistant, Dr. Bell, gave at my request a drachm dose of chloral. Latterly a grain of morphia has been injected daily with the effect of relieving the pain, but without producing sleep. She swallowed the dose of chloral early in the afternoon, and was asked to lie down in bed. I saw her in a quarter of an hour afterwards deeply asleep; and the lifting of one eyelid to look at the dilated pupil did not awaken her. She awoke out of the slumber free from her neuralgia.

"I am not aware of any special contra-indications to the employment of chloral when used for somniferous purposes. Even in head and chest affections, where I should have been chary of having recourse to opium as an hypnotic, I have employed chloral with perfect success. The contra-indications to opium offered by a tendency to constipation, etc., do not exist against chloral.

"Like all other remedies in the Pharmacopœia, it will no doubt occasionally fail to produce its desired effect; but as seldom so, perhaps, as most of them. In a few instances the sleep induced by it has been

dreamy and hysterical, particularly when the patient was not kept in a state of perfect quietude; but these are rare exceptions to the general rule.

"In the present remarks I have spoken specially of the somniferous or hypnotic powers of chloral. I have used it for other purposes, but it is not my intention to dwell upon them at present. It will not fulfil all the many and almost endless indications for which opium is used in medicine; but I have seen enough to convince me that it will prove a very valuable anodyne in some cases of neuralgia, hysteralgia, dysmenorrhœa, pleurodynia, etc., and in the pains attendant upon cancer and acute local inflammations. In some cases of irritable bladder and chronic cystitis I have found it give the patient much longer and more perfect rest than large doses of opium. In several instances it has seemed to me, when given in small and repeated doses, to soothe down both acute and chronic cough with remarkable effect; and I have known it to relieve asthma. Lately in a young lady whom I saw in consultation with Dr. Taylor, suffering under a severe attack of congestive bronchitis with some hæmoptysis, and orthopnœa, a small dose (twenty grains) of chloral was given at night. 'She speedily fell asleep,' wrote Dr. Taylor to me the next day, 'and slept soundly until 4 A.M., when she sat forward in bed and coughed, but appeared to be only half awake. When I called in the morning at 10 30 she was still enjoying a most placid slumber. As I contrast,' Dr. Taylor adds, 'the distressed and audible breathing of last night with the tranquil sleep and improved state of the patient to day, I cannot help concluding that chloral has a directly sedative effect on the whole respiratory surfaces.'

"Occasionally I have exhibited chloral in continuous small doses for one, two, or more weeks in succession, and apparently with most marked benefit, particularly in cases of chorea, threatened or incipient insanity, etc. A patient from Illinois, who, for several years, has always regularly suffered excruciating spasmodic pain in the left iliac region, attended with some discharge, for eight days before menstruation began (she has disease of the fundus uteri and left Fallopian tube), has, during the last two periods, kept at bay this old and formidable suffering by taking chloral night and morning during the threatenings of it. She strongly assures me that formerly she had used very large doses of opium and other anodynes without any such favourable effect. I have found the parturient uterus to go on contracting regularly and strongly when the patient was so deeply asleep under chloral as to be only very imperfectly wakened up with the expulsive efforts of labour.

"The dose of chloral to an adult for an hypnotic which I have usually employed has varied from 50 to 60 grains; but 25 to 30 grains suffice in some patients. In a case of long-standing sleeplessness, and which has resisted great doses of opium, Indian hemp, etc., 120 grains failed to produce any effect. When used for anodyne and other medicinal purposes, a continuation of smaller doses—as 10 or 20 grains several times a day—is sufficient.

"In administering chloral I have given it only by the mouth and by enema; almost always as a draught. It is somewhat acrid and pungent to most palates, and hence requires to be diluted well with water, and to have added to it a large quantity of syrup."

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Amputation under Chloral.—M. Noir relates this case more as a warning than as an example for imitation, although he suggests that some of the symptoms which arose might have been due to the idiosyncrasy of the patient. The man, 64 years of age, was an inmate of the hospital at Brionde on account of osteosarcoma of the tibia, which caused him such excessive pain that he eagerly sought for amputation. With the view of allaying his suffering, four grammes of solid hydrate of chloral were given him, which at first induced great agitation and much nausea, then gave rise to such deep sleep and great subsequent relief, that it was determined to employ this substance as an anæsthetic next day during the operation. Accordingly five grammes were given, and in about two hours so deep a sleep followed that he was carried to the table and amputation performed without his making a movement or uttering a cry. Replaced in bed, still asleep, his body was observed to be very cold, and his pulse, which had been 120, became filiform and uncountable. He continued in a state of alarming coma until eleven and a half hours after the chloral had been administered. He then woke up in violent delirium, with

vomiting and pain in the stomach. These symptoms continued for nearly eight hours, when they disappeared, leaving the patient in the extremest prostration. He was conscious, but could scarcely move or speak, and was ignorant of all that had passed. After some hours and a good night, though without sleep, all bad effects passed off.—Med. Times and Gaz., January 1, 1870, from Gaz. des Hôpitaux, Dec. 23, 1869.

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Hydrate of Chloral in Italy.—Professor Namias, the well-known surgeon of Venice, has just addressed to one of the medical societies of that city a relation of his experiments with hydrate of chloral at the clinique of Venice. M. Namias has never observed the occurrence of eschars in hypodermic injections of the substance when only one gramme was injected with double the quantity of distilled water. The effects have always been speedy and excellent. They were especially so in one case of suborbitary neuralgia, and in various cases of muscular rheumatism, thoracic hyperæsthesia, in phthisical patients, &c. M. Namias ascribes these beneficial results to the good quality of the chloral, prepared by Cioni. He has also tried the substance through the alimentary canal in doses of from eight to ten grammes a day, given in six or eight times, at intervals of two hours, and during several days consecutively. The effects were invariably excellent, and were unattended by arterial tension or undue frequency of pulse.—Lancet, Jan. 1, 1870.

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A temporary Tracheotomy in Operations involving the Cavity of the Mouth.—In number 47 of the *Ærtzliche Intelligenzblatt* for the present year, Prof. Nussbaum of Munich remarks, that there are three sources of danger in operations involving the cavity of the mouth, such as the extirpation of the superior maxilla, or of tumours springing from the base of the cranium, namely, 1. Suffocation from blood flowing into the larynx; 2. Pneumonia from small coagula of blood in the lungs; or, 3. Injury to the throat, and subsequent deep-seated abscesses in the cervical fascia, from the assiduous mopping-up of the blood during the operation. To obviate these dangers, he proposes a preliminary tracheotomy, and narrates a case in which he removed a large tumour (sarcoma) of the upper jaw, which had pushed the eye upwards, and extended deeply backwards and downwards into the throat. The patient was a country girl, aged 20, much weakened by repeated hemorrhages. He first opened the trachea, and introduced a silver canula, continued the inhalation of chloroform through this, closed the glottis and pharynx with four thicknesses of oiled linen, proceeded to remove the whole upper jaw and tumour, and then applied the actual cautery. Having washed out the mouth and plugged the cavity left by the operation, he took away the oiled lint and the trachea-tube, and closed both wounds. The patient breathed freely through the normal channel, and the whole operation seems to have been a complete success. Not a drop of blood entered the throat; and the operator was free from all fear of his patient's dying of suffocation. —Brit. Med. Journal, Dec. 25th, 1869.

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Ovariotomy, with Removal of the entire Uterus.—M. Péan exhibited to the Academy of Medicine, Dec. 7th, a patient who had had a very large cyst of the left ovary; the uterus, greatly hypertrophied, mounting up above the umbilicus, and containing a cyst, while a fibrous tumour occupied the right ovary, and a cyst the right tube. The existence of a movable fibrous tumour, independent of the cyst and of hypertrophy of the uterus, was recognized prior to the operation; but in what proportions these lesions existed could not be ascertained, by reason of the adhesions which united the various tumours to each other. Having exposed the ovarian cyst by a long incision, M. Péan commenced, as is his custom, its removal piecemeal (*morcelant*), employing his long cauterizing irons, heated to whiteness. Having in this way removed a notable portion of the cyst, he came upon the uterus, enormous in size, soft, fluctuating, and adherent on every side. The adhesions were very vascular, and any rupture of these gave rise to hemorrhage, which had to be arrested by heated irons. The only thing that seemed feasible was the removal of the diseased uterus at the same time with the other tumours. M. Péan would not cut through the cervix, as this was excessively hypertrophied, equalling a fist in size, but carried his incision through the vagina. He next passed a double thread by the abdominal wound through the vagina from before backwards, by means of which he practised two ligatures. That on the

left side comprised the great ovarian cyst, and the other embraced all the portion of the vagina corresponding to the uterus, together with the right ovary and tube. An incision was made just above the ligatures, and the parts comprised were removed by a considerable amount of traction, the double pedicle thus formed being brought in contact with the abdominal parietes. This portion of the wound was not united, three caoutchouc tubes being inserted. The adhesions were too intimate to allow of the separation of the fundus of the cyst from the wall of the lesser pelvis. It was left *in situ*, but was spontaneously discharged on the thirtieth day, by which time solid adhesions had closed up the vaginal incision, without leaving any perforation where the ligatures had been. The recovery was complete, and when the patient was presented the operation had been performed three months.—Med. Times and Gaz., Dec. 18th, 1869.

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Chorea.—M. PERROUD, Physician of the Hôtel Dieu of Lyons, has just applied, with much success, the ether spray to the spine of a girl of fifteen, suffering from chorea. Eleven sittings, at each of which between two and three ounces were used with Richardson's apparatus, were followed by complete cure. A second just as successful case occurred under the care of Dr. Maynet, also at Lyons, the patient being a lad of eighteen.—Lancet, Jan. 1, 1870.

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Prof. Bouillaud on the Differences between Inflammatory and Pyretic Diseases.—Prof. Bouillaud thus sums up his views on the differences betwen inflammatory and pyretic diseases:—

1. The excess of fibrin in the blood, in the purely inflammatory condition or process, which for a long time was named "inflammatory fever," proceeds from an *abnormal secretion* or *neoplasm* of the internal membrane of the blood apparatus. This neoplasm is similar to the one produced on the surface of an inflamed serous membrane, to the degree or according to the manner designated by Hunter an *adhesive inflammation*.

2. It is a portion of this neoplasm, or of this pseudo-membranous secretion, which deposits on the surface of the coagulum of blood obtained in the cases above stated—neo-membrane, to which the name of inflammatory clot has been given, and the chief constituent principle of which is fibrin.

3. Phlegmasia of the internal membrane of the circulatory apparatus, more or less generalized, and belonging to the so-called *adhesive* form is one of the fundamental conditions of that production of fibrin in excess, and of the pseudo-membrane of the blood in so-called *inflammatory* fever.—Lancet, Jan. 8. 1870.

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Antidote to Haschisch.—Prof. POLLI, of Milan, states: "Experience has proved that infusions of coffee, of tea, and of cocoa, always increase the action of haschisch; so that if it is wished to accelerate or to augment its effect, it should be taken or administered in an aqueous infusion of one or other of these vegetable substances.

"Lemon-juice and vinegar, and, consequently, citric, malic, acetic, and tartaric acids, in aqueous solution, more or less diluted, arrest the effects of haschisch in a person who has taken it, and thus are competent to serve as real antidotes.

"It will then be useful in making a trial of haschisch, and especially in the treatment of certain nervous maladies by haschisch, in cases where one does not as yet know the susceptibility of the subject, to know that one has in the lemonades of these acids, more or less concentrated, powerful, and at the same time innocent, moderators of the nervine action of haschisch.

"I confess that it is not from my own personal experience that I have confidence in the preservative action of the vegetable acids against the injurious effects of haschisch; but solely from the experience of the Egyptians, who have assured me that it always succeeds with them, and from the testimony of Dr. Castelnuovo, who lived for a long time at Tunis, where he convinced himself of the antidotic value of lemon-juice and strong lemonades against haschisch." — Med. Press and Circular, Dec. 22, 1869.

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The Prophylactic Action of Copper in Cholera Epidemics.—At a recent meeting of the Clinical Society, it was stated by Dr. CLAPTON that his investigations on the effects of copper upon the system had elicited the remarkable fact that men engaged at the various copper-works in London always escaped cholera and choleraic diar-

rhœa during great epidemics. That such an immunity is really afforded by the action of this metal seems now to be a well-attested fact, since Dr. Clapton's statements have lately been confirmed by some statistics communicated by M. Burq to the French Academy of Sciences. M. Burq states that during the epidemic of 1865-66 in France, only 1 out of every 1270 workers in copper was attacked, the total number of individuals thus engaged being 37,000. With workers in iron and steel, on the other hand, 1 out of every 209 was attacked; and of those engaged on other metals than copper or iron, 1 out of 178.—Lancet, Nov. 6, 1869.

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The Perils of Fashion.—We are indebted to a lady correspondent for the correction of a mistake, or rather an omission, in our recent article on Tight-lacing. In ascribing the ungainly, feeble, and tottering walk of our modern fine ladies and their middle-class imitators to the decrepitude induced by tight-lacing, we omitted to mention another fashionable folly which assists in the production of this evil, and has also other sins of its own to answer for. The custom of wearing high boot-heels, and those too so much smaller than the actual heel of the wearer as to afford no solid support, but only a balancing-point, is a source of much mischief. In the first place, it throws the centre of gravity of the body so far forward that a free and gracefully erect carriage is impossible. Secondly, there being no firm support to the heel, ladies are very apt to twist the ankle suddenly by overbalancing themselves; and this is not only bad in itself, but the fear of its occurrence makes them assume a timid, mincing gait. And, thirdly, the effect of driving the foot constantly forward into the toe of the boot is to produce a very ugly and painful distortion of the great toe joint.

There is little need for wonder at the almost fierce contempt with which young men whose characters are at all above the lowest grades of conventional inanity regard the average "girl of the period." It cannot be denied that there is a significant correspondence between the æsthetic hideousness and the degrading effects on physical health which are produced by tight stays and crippling boots, and a certain mental and moral tone in female society of the present day, which is no less surprising than it is repulsive. The whole dress and carriage of our fashionable women, for several years past, has been modelling itself, with less and less concealment, upon the ideal furnished by Parisian *lorettes* of the consumptive Traviata type. It is not our business to set up as moral censors. But we may be excused if, for once in a way, we find it impossible to ignore the logical though repulsive consistency of the *grandes dames* and citizenesses who are willing to spoil their lungs and their digestions, and endanger their chances of happy maternity, for the sake of a wasp waist; to talk slang closely verging on indecency, for the sake of the tenth part of a chance of catching a husband; and to simper and leer at the indecencies of a *Grande Duchesse de Gerolstein*, in order to escape the dreaded imputation of a deficiency in *chic*.—Lancet, Oct. 2, 1869.

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Dissection Wounds.—The name of Prof. Boehm, of Berlin, must be added to the long list of victims who have perished in the accomplishment of the perilous duties of the profession. While dissecting a body in the presence of the students, he scratched his hand with the scalpel, but so slightly that he neglected to cauterize the wound or to take any other precaution. Two days afterwards the hand had swollen enormously; and since then all the means which had been tried to arrest the progress of the disease have been to no purpose.

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University of Edinburgh.—Mr. Joseph Lister, Professor of Surgery in the University of Glasgow, has been appointed Regius Professor of Clinical Surgery in the University of Edinburgh, in the room of Mr. Syme.

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Necrology.—We find announced in L' Union Médicale, Dec. 14th, 1869, the death of "Jean Devèze, a native of Rabastens (Hautes Pyrénées), ordinary physician to Louis XVIII., for the chateau of Tuileries, a sinecure which he well merited for his heroic conduct during an epidemic of yellow fever in Philadelphia." He must have reached very advanced age.

The death of Dr. Poiseuille, member of the Imperial Academy, in the section of anatomy and physiology; and that also of Dr. Boucher de la Ville-Jossy, physician to the Hospital Lariboisière is recorded in late numbers of the same journal.

AN AMERICAN TEXT-BOOK ON DISEASES OF CHILDREN—Just Issued.

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The excellence of this book is one explanation of our not having reviewed it sooner. Taking it up from time to time, we have been freshly interested in its various chapters, and so been led to defer writing our opinion of it. It is one of those works with which we are happily becoming familiar, as coming to us from time to time from across the Atlantic, which contain all that is good in European works of the same kind, together with much that is original, both in reflection and observation. It is astonishing how well the American writers succeed in gleaning, and yet giving a fresh character to their books. This work is an illustration, and pervading every chapter of it is a spirit of sound judgment and common sense, without which any work on any department of the practice of medicine is, to use the mildest word, defective. We are sorry that we cannot give further illustrations of the excellence of this book.—*London Lancet*, Sept. 4, 1869.

After an examination of this book, we think we are not mistaken in welcoming its writer as a new authority in medical literature on the diseases of children. The sources of his information are copious, and he seems to have made careful use of them. We had intended to support these opinions by quotations, but the range of the work is so comprehensive, and our readers can so much better form a notion of the industry and good judgment of its author by an extended perusal of it, that we have concluded to simply refer them to the book itself, and will only add that it is written in the clear and unambitious style befitting a scientific work.—*St. Louis Med. and Surg. Journal*, May 10, 1869.

Our fellow-townsman, Dr. Smith, is well known among us as an indefatigable worker, and one who has devoted the major part of his time to the study, theoretically and practically, at the bedside and in the dead-house, of the diseases of children. From a careful perusal of his work we agree with the author, that while he has respected the opinions of previous writers, and has adopted them so far as they appeared to be correct, he has depended much more for the material of his treatise on clinical observation and the inspection of the cadaver. Most heartily do we wish the work the success it so richly deserves.—*Am. Journ. of Obstetrics, &c.*, May, 1869.

A magnificent contribution to the cure of the diseases of children. Dr. Smith covers the whole ground, and proves himself a master cultivator. His views are eminently enlightened and modern. He is alive to the new *idea*.—*Nashville Med. and Surg. Journal*, May, 1869.

The work before us is a valuable addition to the text-books of the subject. While it covers the ground of the recognized principles and treatment of the diseases of childhood and infancy, it teems with a freshness of suggestion and resource which will insure it a place in every physician's library.—*Leavenworth Med. Herald*, May, 1869.

The author of this volume is well known as a valued contributor to the literature of his specialty. The faithful manner in which he has worked in the public institutions with which he has been connected, the conscientious regard for truth which has for years characterized all his researches, the great amount of experience which he has been enabled to acquire in the treatment of infantile diseases, and the care which he has accustomed himself to take in the study of the significant facts relating to the pathological anatomy of the diseases of childhood, eminently fit him for the task which he has taken upon himself. The remarkable faculty of bringing out salient points and stating concisely other less important facts, enables him to crowd within a small compass a vast amount of practical information. The attention given to the treatment of the various maladies, as well as the presentation of all the recently accepted pathological views, makes it one of the most valuable treatises, within its present compass, that can be placed in the hands of any seeker after truth. The volume as a whole will still further establish for the writer a permanent and enviable reputation as a careful observer, an impartial interpreter, a safe and trustworthy adviser, and a modest and untiring student.—*N. Y. Med. Record*, March 15, 1869.

We have perused Dr. Smith's book with not a little satisfaction; it is indeed an excellent work; well and correctly written; thoroughly up to the modern ideas; concise, yet complete in its material. We cannot help welcoming a work which will be worthy of reliance as a text-book for medical students and younger physicians in their investigations of disease in children. Dr. Smith's concise, yet searching description of each disease reminds us of the style of Gooch; while his practical and careful suggestions for treatment recall the instructions we received from Dr. Ware. The book is very free from those crudities of judgment and practice and style which disfigure so much of our current professional literature; and we are glad to close, as we began, by welcoming a valuable book to the profession.—*Boston Med. and Surg. Journal*, March 4, 1869.

No previous American book can claim to represent the present condition of infantile pathology and therapeutics; and repeated furbishings of English treatises have still left much undone. Our own periodical literature has been singularly barren of reliable data in these departments; and Dr. Smith deserves praise for having culled out what was to be found, and combining therewith the substance of the later English and some of the Continental works, but especially for the assiduity with which he is known to have prosecuted years of study in the midst of opportunities and abundance of material, which must have enabled him to avoid useless theories in the presence of a multitude of facts; so that, when he speaks for himself, it need not be with a doubtful tone. Dr. Smith has done a good thing in getting up a handy American book full of sound practical advice upon the study and treatment of the infantile disorders which usually meet us in practice.—*N. Y. Medical Journal*, June, 1869.

An able and discriminative teacher and critic of this city, pronounces Dr. Smith's book on Diseases of Children, the best work that has made its appearance on this department of medicine. Dr. Smith has enjoyed excellent opportunities for maturing his experience in the study of these diseases, and has exhibited his culture and good judgment in this book.—*Cincinnati Lancet and Observer*, June, 1869.

We have thus passed in review the most important of the chapters of this book, and it only remains for us to add that we regard the book as a valuable addition to the treatises on the subject. The description of the pathology, symptoms, and treatment of the different diseases is excellent. The formulæ which are interspersed through its pages will be appreciated by the young practitioner.—*Am. Journ. Med. Sciences*, Apr. '69.

HENRY C. LEA, Philadelphia.